

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/077005 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		0				
6		1				
7		0				
8		0				
9		0				
10		0				
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50						
TOTAL IND.			1		1	
TOTAL DEP.			210		30	
TOTAL CLAIMS			211		31	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL DEP.												
TOTAL CLAIMS												